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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Attorney Docket No.

9988.087.00

In re Application of KIM, Jong Ho

Application Number 10/720,681 Filed November 25, 2003

For: WASHING MACHINE CONTROL METHOD

Art Unit 1746 Examiner MARKOFF, Alexander

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 1,020.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. *A duplicate copy of this sheet is enclosed.*

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 42,766

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

March 12, 2007

Date

(202) 496-7500

Telephone Number


Signature

for

Mark R. Kresloff

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

03/13/2007 JADD01 66666639 10720681

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1020.00 0P



Effective on 12/08/2004

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL FOR FY 2007

 Applicant claims small entity status. See 37 CFR 1.27
Complete if Known

Application Number	10/720,681
Filing Date	November 25, 2003
First Named Inventor	KIM, Jong Ho
Examiner Name	1746
Art Unit	MARKOFF, Alexander
TOTAL AMOUNT OF PAYMENT	(\$1,020.00)
	Attorney Docket No.
	9988.087.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number **50-0911** Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	<u>Fee (\$)</u>
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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50	25
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Multiple dependent claims

200	100
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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 or HP = _____ x _____ = _____

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of total claims paid for, if greater than 20

360	180
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____

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4. OTHER FEE(S)

Other: _____ Petition for Extension of Time _____

<u>Fee Paid (\$)</u>

Other: _____

\$1,020.00

SUBMITTED BY

Signature	<i>Mark R. Kresloff (Reg. No. 46,522)</i>	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	for	42,766	Date: March 12, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.